TR	AVEL VOUCHER		RTMENT OR AU DIVISION	ESTABLISHMEN OR OFFICE	T,	2 .	TYPE OF TRAVEL TEMPORARY DUTY	3.	VOUCHER N	NO.				
•	Read the Privacy Act tatement on the back)						PERMANENT CHANGE OF STATION	4.	SCHEDULE N	10.				
5.	a. NAME (Last, first, m	iddle initial)				b.	SOCIAL SECURITY NO.	6.	PERIOD OF T	TRAVEL				
								a.	FROM	b. TO				
TRAVELR (PAYEE)														
ΑY	c. MAILING ADDRESS	(Include ZIP (Code)			d.	OFFICE TELEPHONE NO.	7.		THORIZATION DATE(S)				
٦ (P								a.	NUMBER(S)	e. DATE	=(S)			
₹	e. PRESENT DUTY ST	ATION		f. RESIDENC	CE (City and S	State		-						
۲	C. TRECEIVI DOTT OF	ATION		i. KEOIDENC	or (Oily and c	naic)		40	CHECK NO.					
								10.	CHECK NO.					
8.	TRAVEL ADVANCE]]	9. CASH PAY	MENT RECE	IPT		11.	PAID BY					
a.	Outstanding		1	a. DATE REC	CEIVED	b. /	AMOUNT RECEIVED							
	Amount to be applied													
C.	Amount due Government	□ . l	1	c. PAYEE'S S	SIGNATURE									
(Attached: Check Cash)				_										
 d. Balance outstanding 1 12. GOVERNMENT I hereby assign to the United States any right I may have against any parties in connection with reimbursable Traveler's Initial 														
	TRANSPORTATION						ayment procedures (FPMR 1)			raverer 5 mil	tiuis			
	REQUESTS, OR		IOOLUNG				POI	NTS (OF TRAVEL					
	TRANSPORTATION TICKETS, IF PUR-	AGENT'S VALUATION	ISSUING CAR-	MODE, CLASS OF					1					
CHASED WITH CASH OF TIC		OF TICKET		SERVICE	DATE									
	(List by number below and attach passenger coupon; if cash is used		(Initials)	AND ACCOM- MODATIONS	ISSUE)	EDOM			T0				
			(IIIIIIais)	MODATIONS			FROM			ТО				
	show claim on reverse	(a)	(b)	(c)	(d)		(e)			(f)				
	side.)													
-10	1 (6 0 10 1								<u> </u>		1			
13.							payment or credit has not bee incurred during the period cov		by		l i			
	this voucher.				3	3 3	J				i			
	AVELER						DATE				1			
	N HERE				1	0 0= :	0 / ": "			•	I			
NO.	TE: Falsification of an ite Than \$10,000 or imp						4) and may result in a fine of (not m	nore					
1/	This voucher is approved.			,			17. FOR FINANCE OFF	ICE !	ISE ONLY		1			
14.	Necessary in the interest of	of the Governn	nent. (NOTE:	if long distance	telephone ca	alls	COMPUTAT		JOL OIVL I		1			
	are included, the approv				riting by the				s	i	į			
	head of the department	or agency to s	so certify (31	U.S.C. 680a).			a. DIFFER- ———— ENCESS,		- *		+			
							IF ANY			1				
400	POVINC				(Explain			÷						
	PROVING FICIAL ⊾				ATE		and show amount)				 			
	N HERE				y			l L						
15.	LAST PRECEDING VOU	CHER PAID U	NDER SAME		b. TOTAL VERIFIED CO				į					
a.	VOUCHER NO.	D. SYBOL	(c. MONTH &		CHARGE TO APPRO)PKI/	ATION		i I				
					YEAR		Certifier's initials:				 			
15.	THIS VOUCHER IS CERT	IFIED CORRI	ECT AND PRO		c. APPLIED TO TRAVE		VANCE \$	i	Į .					
ΔΠ	THORIZED						(Appropriation symbo	o <i>l):</i>			;			
CERTIFYING DATE											 			
	FICIAL						d NET TO) TD	RAVEL ▶		!			
	N HERE ACCOUNTING CLASSIF	ICATION					d. NET TO	<i>)</i> 1 17	ACART .		•			

INSTRUCTIONS TO TRAVE				R (Unlisted items are self-explanatory)											Complete this PAGI information			ЭE				
SCHEDULE OF EXPENSES AND AMOUNTS		Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to em-			Complete only for actual expense Col. (d) Show anount incurred for each meal, including tax and tips, and daily total thru (g) Meal (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel. Show total subsistence expense incurred for actual expense travel. Show per diem amount, limited to maximum rate, or if travel on actual expense, show									if this is a continuation OF sheet. PAGES TRAVEL AUTHORIZATION NO.								
CLAIMED		ployee and marital status travel the lesser of the amount from col. (j) or maximum rate. of children (unless information is shown on the travel authorization. the lesser of the amount from col. (j) or maximum rate. Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.										TRAVELER'S LAST NAME										
DATE	TIME	DESCRIPTION		ITEMIZED SUBSISTENCE EXPENSES MILEAGE RATE										AMOUNT CLAIMED								
		(Departure/arrival city, per diem computation, or other explanations of expenses)	BREAK FAST LUNCH			EALS DINNER		TOTAL		MISCEL- LANEOUS SUBSIS- TENCE		LODGII	NG	TOTAL SUBSISTENC EXPENSE	NO. OF MILES	MILEAGE		SUBSISTENCE		OTHE	R	
(a)	(b)	(c)	(d)		(e)		(f)		(g)		(h)		(i)		(j)	(k)		(1)		1)	(n)	
			<u>i</u>		i		İ			<u> </u> 				<u>.</u> 	i I			<u> </u>		\vdash	i	
			 		 					 				 				<u> </u>	+	<u> </u>	<u> </u>	
			l İ		 									 				 		! 		
			 		 					 				 				 	1	 	 	
			 		 					 				! 				+		\vdash	 	
			i i		i					 				<u>.</u> 	i			 		 	i	
			 											 	ļ			i I		1	 	
			i !		i !					 				 							j 	
			 		 					 				! 				 			 	
			į		<u>.</u>		j			 				<u>.</u>		<u> </u>		i		<u>i </u>	 	
If additiona	al space is r	equired, continue on another SF 101	2-A B	ACK.	Leav	ing th	he fro	nt bla	nk.					\vdash	SUB	TOTALS >		- -		\dotplus	- i	
In compliance with the Privacy Act of 1974, the following information is pro-vided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary														er grand total of columns (I), (m) and below and in item 13 on the front of form.								
purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, state, local, or foreign agencies, when relevant to civil,											AMO CLAI	TOTAL AMOUNT CLAIMED >										